

ATTACHMENT B - NOTICE OF INTENT (NOI)

FOR COVERAGE PURSUANT TO WATER QUALITY ORDER NO. 2009-0006-DWQ

GENERAL PERMIT FOR LANDSCAPE IRRIGATION USES OF MUNICIPAL RECYCLED WATER

I. Distributor (Required)¹: 1A10032 RDN CK No 412778 - \$2759.40 rec'd

Agency / Organization / Name: City of Crescent City- Public Works Department			
Facility, if any: Publics Work Department manages water facilities and Cross-Connection program			
Conveyance Role (Check all that apply): <input type="checkbox"/> Recycled Water Retailer <input checked="" type="checkbox"/> Recycled Water Supplier <input type="checkbox"/> Recycled Water Wholesaler		Distributor declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Recycled Water Conveyance Role: Crescent City Public Works Department will monitor and control the distribution of all recycled water.			
Existing Water Reclamation Requirements (if any): None		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable	
Mailing Address: 377 J Street			
City: Crescent City	County: Del Norte	State: CA	Zip: 95531
Phone Number: (707) 464-9506		Fax Number: (707) 465-4405	
Contact Person: James Barnts		E-Mail: jbarnts@crescentcity.org	

II. Producer (Required)¹:

Agency / Organization: Same as above			
Facility: Crescent City Water Pollution Control Facilities/Water Reclamation Plant			
Producer declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Order Number: 2009-0006	WDID: 1A840060DN	Treatment: <input checked="" type="checkbox"/> Disinfected Tertiary ² <input type="checkbox"/> Advanced ³	
Existing Water Reclamation Requirements (if any): None		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable	
Mailing Address: Contact information is same as above			
City:	County:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person:		E-Mail:	

NCRWQCB

APR - 7 2010

☐ EO
☐ AEO
☐ Reg/NPS CER
☐ WMgmt
☐ Timber
☐ Cleanups
☐ Admin
☐ Legal

¹ Attach multiple sheets if necessary; only one administrator of this General Permit is allowed per NOI.

² As defined in California Code of Regulations Title 22, sections 60301.230 and 60301.320

³ Achieves "disinfected tertiary" quality and includes additional treatment.

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III. Billing Address (Required):

Agency / Organization / Name: Same as above			
Mailing Address:			
City:	County:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person:		E-Mail:	

IV. Salt and Nutrient Management Plans (required)


For projects where Salt and Nutrient Management Plan is in effect.
<p>Salt and Nutrient Management Plan, approved by a Regional Water Board?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No; check one of the two boxes below:</p> <p><input type="checkbox"/> Under development, estimated completion date: I am actively participating in this development effort.</p> <p><input checked="" type="checkbox"/> No organized effort to develop a Salt and Nutrient Management Plan for the basin exists at this time. I will actively participate in the development of a Salt and Nutrient Management Plan when the effort commences.</p>
For projects where Salt and Nutrient Management Plan is <u>not</u> in effect.
<p>Antidegradation analysis completed consistent with Recycled Water Policy Paragraph 9d.(2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

V. Certification (Required):

<p><i>I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009-0006-DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I also agree that, where an applicable Salt and Nutrient Management Plan is adopted by a Regional Water Board, I will ensure full compliance by all producers and distributors under this permit to any monitoring and reporting elements therein. Upon approval of coverage under the General Permit I will assume responsibility for administering an appropriate program necessary to fulfill the requirements of Water Quality Order No. 2009-0006-DWQ. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.</i></p>		
I.	<p>Signature of Administrator: </p> <p>Printed or Typed Name: <u>James Barntz</u></p>	<p>Title: <u>Public Works Director</u></p> <p>Date: <u>3-18-2010</u></p>

ATTACHMENT B – NOTICE OF INTENT (NOI)
WATER QUALITY ORDER NO. 2009-006-DWQ

I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009-0006-DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.

I.	Signature of Distributor ^{4,5} : 	Title: Director of Public Works
	Printed or Typed Name: James Barts	Date: 3-18-2010
II.	Signature of Producer ⁶ : (Same as above)	Title:
	Printed or Typed Name:	Date:

⁴ For additional distributors other than the Administrative Distributor.

⁵ Attach multiple sheets if necessary.

⁶ Attach multiple sheets if necessary.